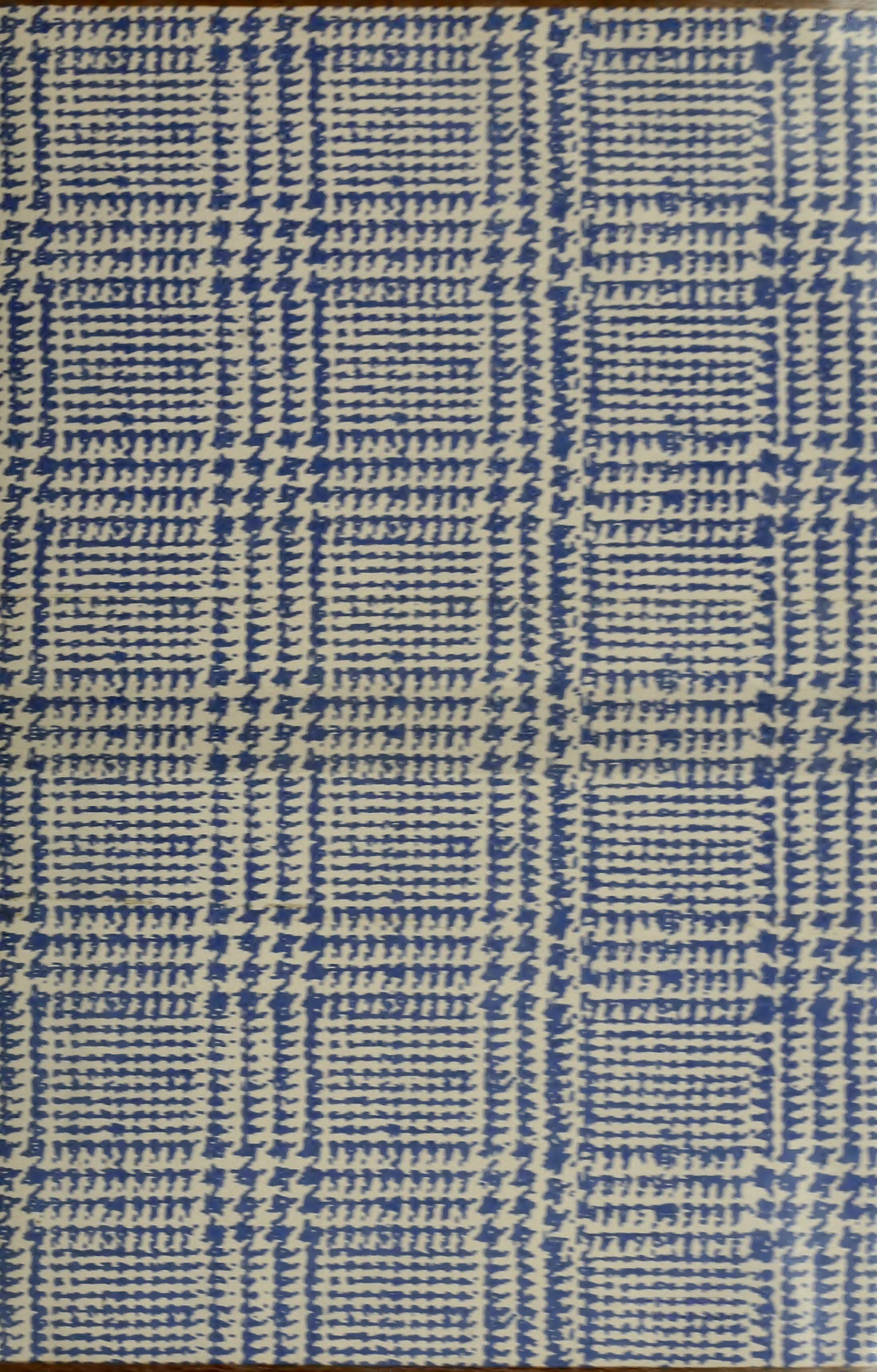

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THE NEWS LETTER

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NUMBER 53 NEW YORK, N. Y. OCTOBER, 1925

ANNOUNCEMENTS

The Annual Conference of the National Committee for the Prevention of Blindness will be held the week of November 30th, in the Russell Sage Foundation Building, 130 East 22d Street, New York.

The annual business meeting will be held in the East Hall, Thursday, December 3d, at 4.30 o'clock.

The general plan of last year's conference will be followed: there will be an institute for the training of those especially interested in volunteer work; a meeting for the consideration of methods of stopping the spread of trachoma and other eye diseases among the Indians; a meeting in the interest of sight saving classes, and a group of round table discussions.

The full program will be distributed well in advance of the Conference. All interested in any phase of preventing blindness and conserving sight are most cordially invited to attend.

This constitutes the legal notice of the annual business meeting to members.

AN AMERICAN HEALTH CONGRESS

In order to give health workers from every part of the country a bird's-eye view of the public health movement in its broadest aspects, the National Health Council, 370 Seventh Avenue, New York City, has planned for an American Health Congress to be held at Atlantic City during the week of May 17, 1926.

The leading authorities on each phase of the public health movement, such as tuberculosis, cancer, heart disease, blindness, social and mental hygiene, public health nursing, preventable diseases, and positive health education for both children and adults, will present the latest and most authoritative findings and programs for the solution of these problems.

Among the groups that will co-operate in the Congress are the following members of the National Health Council:

American Child Health Association; American Heart Association; American Public Health Association; American Red Cross; American Social Hygiene Association; American Society for the Control of Cancer; Conference of State and Provincial Health Authorities of North America; National Committee for Mental Hygiene; National Committee for the Prevention of Blindness; National Organization for Public Health Nursing; National Tuberculosis Association; United States Children's Bureau; United States Public Health Service; Women's Foundation for Health.

In addition to these groups, it is anticipated that leading health associations of Canada, Mexico and elsewhere will co-operate in this Congress.

The American Nurses' Association, the National Organization for Public Health Nursing, and the National League of Nursing Education, will hold their regular biennial meeting during this same week at Atlantic City. The General Federation of Women's Clubs will meet directly after the Congress.

Already well-organized plans are under way. The Atlantic City convention authorities and the hotels will co-operate to the fullest extent. The Steel Pier has been engaged for headquarters and meetings will be held there and at the nearby hotels on the boardwalk. Part of the space on the Steel Pier will be used for commercial and educational exhibits. A strict censorship will be exercised, however, in order that the exhibits may conform with the high standards of such a meeting.

A NEW BULLETIN

A new bulletin, Conserving the Sight of School Children, has been issued as a result of research work done on this subject by the Joint Committee on Health Problems in Education of the National Education Association and the American Medical Association, with the co-operation of the National Committee for the Prevention of Blindness.

The first edition is furnished by the National Committee for the Prevention of Blindness, from which organization copies may be obtained.

COURSES FOR THE TRAINING OF TEACHERS

Two summer courses, each of six weeks' intensive training, were given for the preparation of teachers of sight saving classes, one at Peabody College, Nashville, Tennessee, the other at the University of Cincinnati, Cincinnati, Ohio.

The first course opened June 8th to accommodate teachers whose schools close early in June; the second, June 22d, for teachers unable to register for the earlier date.

Thirty-one teachers representing seven states and twenty cities attended these courses. They came from as far west as California, as far east as New York, as far north as Minnesota, and as far south as Louisiana.

Both courses included lectures and conferences on the theory and methods of teaching these classes and clinical eye work.

The Cincinnati course, through the co-operation and courtesy of the state and city boards of education, held a demonstration class for the full session, thus giving opportunity for observing and discussing the methods of conducting such classes.

A course for the training of sight saving class teachers is being given at the New York University School of Education, Washington Square, New York City, on Tuesday afternoons, 4.15 to 6 o'clock.

During the summer a course on the care of the eyes of school children was given to a class of 75 rural teachers at the State Normal School, Castine, Maine.

SURVEY OF INDIAN RESERVATIONS

The Department of the Interior has, during the past several months, undertaken a survey of trachoma among the Indians. This survey was stimulated through a conference with an advisory council on trachoma appointed by the American Medical Association. The committee included Dr. William H. Wilder, chairman, Dr. Arnold Knapp, and Dr. William Campbell Posey. The survey will provide for a permanent record of every Indian suffering with trachoma, including sex, age, and the status of the disease, the housing conditions, hygienic surroundings of the Indian family. When the records are completed, trachoma specialists will be sent to each reservation to care for the patients.

NATIONAL CONFERENCE

In June Miss Brown, assistant secretary of the National Committee for the Prevention of Blindness, attended the meeting of the National Conference of Social Work in Denver. At a clinic held during the session by the Committee on Publicity, she gave a ten-minute demonstration talk on "Your Children's Eyes" to an imaginary audience of settlement house mothers—in reality a group of social workers gathered to consider methods of appeal and health education.

An informal luncheon meeting was called in Denver by Miss Brown, at which discussion was sought of how the National Committee might co-operate with social agencies in furthering the conservation of vision. A special suggestion growing out of the discussion was that closer contact be made with hospital social service departments, and their backing obtained in the promotion of sight saving classes. Definite plans along this line are at the present time being considered with the Johns Hopkins Hospital Social Service Department; these should be of particular interest on account of that department's connection with the Wilmer Eye Clinic.

EYE ACCIDENTS

Despite the many warnings sent out in regard to prevention of accidents due to Fourth of July celebrations, the toll this year was exceedingly heavy. From a compilation of reports received by the National Committee for the Prevention of Blindness and the American Museum of Safety, 111 persons were killed and 1,030 (mostly children) were injured. The reports cover only 500 cities in 36 states so that probably the total was much larger. Of the injured, 148 will probably lose the sight of one or both eyes. The report reads:

> "In New York City, among a population of over 6,000,000, there were only 10 casualties, and in Chicago, among a population of more than 3,000,000, there were only 16 casualties."

This would appear to be convincing evidence of the effectiveness of restricted legislation properly enforced. Most of the casualties occurred in the smaller cities where fireworks are still being sold to minors.

Last year, directly following the Christmas season, the sight of 57 children was injured by such toys as pistols, sling-shots, putty blowers and fireworks used in Christmas celebrations. Is not this a good time to think up a list of constructive rather than destructive toys for our children's Christmas?

EYESIGHT OF COLLEGE STUDENTS TO BE CONSERVED

The "Headquarters Press" of the N. E. L. A. makes the following announcement:

YALE UNIVERSITY TO CONSERVE EYESIGHT BY BETTER LIGHTING

The authorities of Yale recently requested an electric lamp manufacturing company to examine the lighting systems in all University buildings in order to recommend changes that would result in more efficient lighting. They felt that their duty to students called for lighting that would not only save their eyesight, but would also preserve to them the atmosphere of Yale buildings and surroundings for which the University is noted.

The inspection was carried on throughout the entire University and every building of the institution was examined. Many applications of different lighting methods are involved in a survey of this nature. Laboratories must receive special attention in order that the students will have sufficient light for regular classroom work, and at the same time the equipment must be of a type to permit the use of microscopes and other delicate instruments on dark days and at night.

Shops must be lighted, as are many of our industrial plants, with plenty of light so that the work can be carried on rapidly and accurately without eyestrain. Classrooms require still different treatment.

Many of the new buildings on the campus are already very beautifully and adequately lighted. This is consistent with the university's policy of constant progress, and the lighting here cannot be improved upon in this day. There are still other buildings not so recent in construction where the lamps and accessory equipment have not been changed. These are the buildings in which the university is so much concerned with the proper conservation of eyesight for their students, and in which they wish to make changes which will bring them to the present-day standards of lighting equipment in the buildings of modern universities.

A NEW DEPARTURE

The Health Department of New York State has inadvertently discovered a new remedy for ophthalmia neonatorum (babies' sore eyes). The father of a new-born child filled out and filed the birth certificate, since no physician was in attendance. In answer to the question, "What preventive for ophthalmia neonatorum did you use?" he replied, "Baptism."

ILLINOIS

The State Department of Public Health, in reporting on communicable diseases for the first five months of the year, gives the following statement on ophthalmia neonatorum (babies' sore eyes):

> "It is almost discouraging to know that 299 cases of sore eyes in babies, due to the effects of gonorrhea in the parents, occurred during the first five months of this year. While no case of blindness as a result of these cases has been reported, there is no excuse but ignorance or carelessness for permitting the disease and running the risk of blindness in the infant.
>
> "A few drops of silver nitrate in the infant's eyes at birth will prevent ophthalmia neonatorum. This precaution ought to be a routine procedure at every birth. The state health department furnishes silver nitrate gratuitously."

KENTUCKY

Elmwood Sanatorium, on the Leestown Pike, has been selected for the proposed trachoma hospital, to be located in Lexington.

It is understood that the Federal government and the State Board of Health are jointly to maintain the new trachoma hospital after it is turned over for use.

OHIO

The question, "What service can a State Commission for the Blind render in the field of preventing blindness and conserving sight?" is well answered in a report of the State Commission for the Blind:

> "A staff of three nurses and one physician is employed in looking after cases of impaired vision requiring expert care but not in a position to secure the same. When the name of a blind person not previously known is received by the Commission, one of the nurses makes a call to find out whether or not it is likely that the sight might be conserved or restored. Through the co-operation of physicians, health commissioners, and public health nurses many cases are examined, fitted with glasses and operated each year.
>
> "During the year ending June 30, 1924, 413 new cases requiring attention were reported; 416 cases were examined by eye specialists, 53 cases were fitted with glasses, and 37 cases were operated.
>
> "The Commission has on its Board two eye specialists—Dr.

C. L. Minor and Dr. W. H. Snyder. Meetings with the staff and clinics are conducted by one of these doctors on the second Thursday of each month, in Columbus, when they come to attend the Board Meeting."

From this report it will be seen that some persons supposed to be blind are not actually so and may receive useful vision by operations, treatment or correct fitting of glasses. The last mentioned was recently demonstrated by a woman who had thought herself totally blind for six years because she did not understand that after an operation for cataract artificial lenses in the form of eyeglasses must be worn to replace the lenses removed from the eyes. The correct glasses made it possible for this woman not only to earn her living as a sighted person, but gave her the joy of seeing light and color. This is an extreme case, but by no means as rare as it would appear. The first responsibility of any school or other organization dealing with the blind people is not to take their blindness for granted, but to see if anything can be done to make it possible for them to see.

The following interesting clipping has been received:

"Visual imperfections of school children in Cleveland, Ohio, have been notably reduced. In 1910 one child in every 3,708 had to learn to read with his fingers; in 1924, one in 4,367. This improvement is due principally to legislation requiring prompt attention to inflammation of the eyes of new-born infants, to providing classes for partially and entirely blind children, the increase of sight-saving classes for those unable to see well enough to keep up with the regular school work, and by co-operation with parents and physicians for local treatment and fitting of glasses when needed."

OREGON

Oregon passed a law requiring the physical examination of all school children during the first month of the school year, provided no objection is made by the parents.

SOUTH DAKOTA

South Dakota passed a law requiring physicians to employ methods of preventing blindness and infection of the eyes of the new born.

WEST VIRGINIA

During the past two months the National Committee for the Prevention of Blindness has been very active in West Virginia, giving the services of several members of its staff at the request of the State Department of Health. Two of the secretaries, Miss Brown and Miss Fulton, visited Teacher Training Institutes conducted by the State Department of Education at the following places: Charleston, Clarksburg, Elizabeth, Franklin, Grantsville, Hinton, Keyser, Moorefield, Moundsville, Petersburg, Princeton, Spencer, Union, West Liberty, West Union, Winfield.

In the day spent at each they shared lecture periods with representatives of the State Health Department and conferred with many attending the Institute in regard to individual problems relating to the eyesight of school children under their care. Real interest was shown by the teachers, a number of whom are in charge of one room rural schools, where, in many instances, lighting conditions and available medical supervision leave much to be desired. Every group was found most responsive to suggestions and offers of the Committee's assistance.

Mr. Carris, the Managing Director, lectured before the State Federation of Women's Clubs, meeting in Elkins, and Miss Fulton spoke at a meeting of the State Nurses' Association in Clarksburg. In both places conferences were held with health and educational authorities, with representatives of fraternal organizations and clubs, and with various other individuals. The object and methods of sight saving classes in public schools were outlined, and plans discussed for the establishment of such classes in Clarksburg and Elkins, through co-operation with educational and other organizations in these communities.

BOOKS AND ARTICLES OF INTEREST

An article entitled "The Medical Observations and Practice of Lewis and Clark," by J. Howard Beard, University of Illinois, appeared in the May number of *Scientific Monthly*. Lack of space prevented inclusion in the June NEWS LETTER of the excerpts here given. They are particularly interesting because of the present efforts being made to stop the spread of trachoma and other communicable diseases among the Indians.

"Defective vision and blindness seem to have pursued the Indians with Achillean relentlessness. Lewis states 'sore eyes seem to be a universal complaint among these people' and Clark, 'I began to administer eye water and in a few minutes had nearly 40 applicants with sore eyes.' The true source of their eye affliction is obscured by a combination of circumstances to which they were exposed conducive to impairment of sight, by the prevalence of disease among them whose complication was inflammation of the eyes and consequent blindness and by the ignorance of successful methods of treatment.

"Lewis reports the presence of Neisserian infection and lues among many of the tribes of Indians in the country through which he passed. Ophthalmia neonatorum must have produced its quota of blindness. As syphilis was common among them and was permitted to develop practically without treatment, luetic inflammations and degeneration of the eye were undoubtedly factors in the production of the great impairment of sight recorded by Lewis and Clark.

"It is probably correct to assume that trachoma was one of the major causes of the great destruction of vision and wide prevalence of sore eyes among them. While trachoma is essentially an imported disease, it is said to be 'as old as the Nile, the simoon, and the desert.'

"It has been comparatively recently that public health officials have obtained some conception of the extent of the prevalence of trachoma in the United States. A survey by the Public Health Service shows the disease exists more or less throughout the country. Indians were found to be almost universally infected and on some reservations 90 per cent had trachoma. It is now known that the disease has been endemic in the Appalachian Mountain region for years.

"The severe periodic restrictions in diet practised by certain tribes of Indians in the region of the Columbia-Missouri Divide due to seasonal scarcity of game and to the fear of their enemies may have caused deficiency of nutrition sufficient to produce inflammations of the eye. Where tribes were compelled to exist on a few dry roots for a considerable length of time, the lack of sufficient fat soluble vitamine A or a very low protein diet, combined with infection, may have brought about disease of the eye similar to xerophthalmia.

"Such physical factors as intense light, foreign bodies, smoke and exposure to wind and dust were important factors in causing inflammation of the eye and impairment of sight among the Indians. Clark in one of his visits to an Indian lodge states, 'the smoke is exceedingly disagreeable and painful to my eyes.' He has also written his opinion as to the effect of their occupation upon their vision.

" 'I observed an Indian woman who visited us yesterday blind in one eye, and a man who was nearly blind in both eyes. The loss of sight I have observed to be more common among all the nations inhabiting this river (Columbia) than among any people I have ever observed. They have almost invariably sore eyes at all stages of life. The loss of an eye is very common among them. Blindness in persons of middle age is by no means uncommon, and it is almost invariably a concomitant of old age. I know not to what cause to attribute this prevalent deficiency of the eye except it be their exposure to the reflection of the sun on the water to which they are constantly exposed in the occupation of fishing. And the snows during the winter seasons in the open country where the eye has no rest. . . .

" 'A very singular disorder is taking place amongst our party—that of the sore eyes. Three of the party have their eyes inflamed and swelled in such a manner as to render them extremely painful, particularly when exposed to the light, the eyeball is much inflamed and the lid appears burnt with the sun, the cause of this complaint of the eye I can't account for. From its sudden appearance I am willing to believe it may be owing to the reflection of the sun on the water.'

"The formula of the eye water that made Clark famous among the Indians is given by Lewis in his report of conjunctivitis among members of his party.

" 'Sore eyes continue also to be common to all of us in a greater or less degree. I use for sore eyes a solution of white vitriol (zinc sulphate) and the sugar of lead (lead acetate) in the proportion of 2 grs. of the former and one of the latter to each ounce of water.' "

NEW YORK REDUCES TRACHOMA IN CITY SCHOOLS. The Nation's Health, September, 1925. Published by the Modern Hospital Publishing Co., Chicago, Illinois. Traces the reduction of the incidence of trachoma in the city schools from 20 per cent in 1902 to 0.1 per cent in 1924, through adequate health measures and the establishment of school eye clinics.

TO ERADICATE TRACHOMA. *American Journal of Ophthalmology*, June, 1925. Published by the Ophthalmic Publishing Company, Denver, Colorado. Author concludes his pertinent editorial with the following statement: "The principal things to be done to eradicate trachoma are: First, to avoid crowding together of infected and uninfected under conditions favorable for the spread of the disease in army camps and trenches, steerage passage on ships, crowded tenements in cities, and family contacts under poor hygienic conditions, or exposure to wind, dust, and insects which may be carriers; second, to keep every case of active trachoma under local treatment with astringents and antiseptics that certainly eliminate the danger of extending the disease to others; third, prolonged supervision that shall not be withdrawn, after improvement has been secured by operation or vigorous applications, but shall continue on the alert for recrudescences and relapses, until thorough inspection, after intervals of many months, shows the cure complete and permanent."

SPREAD OF TRACHOMA IN MEXICO. D. M. Velez, *Revista de La Asoc. Médica Mexicana*, April, 1925. Published in Mexico City, Mexico. A brief abstract appearing in the *Journal of the American Medical Association* for September 19th states that trachoma has spread alarmingly through parts of Mexico, through the importation of Chinese immigrants to the Pacific Coast. Author recommends restriction of Chinese immigration, careful school inspection, house to house search, and isolation, especially for children, in an effort to reduce the incidence of trachoma.

THE FIGHT AGAINST TRACHOMA IN AMSTERDAM IN RECENT YEARS. Abstracted in the *British Journal of Ophthalmology*, July, 1925. Published by the George Pulman & Sons, Ltd., Marylebone, W. I. Authors indicate that trachoma has been endemic in Amsterdam for past 50 years. An investigation during 1914 to 1917 showed that in the schools, among 66,418 Christian children, 0.6 per cent had trachoma; and among 7,062 Jewish children, 8.8 per cent. Evidence indicated that infection takes place in most cases before the sixth year. Since 1917, through an organized campaign against trachoma, the number of infections has been considerably reduced.

TRACHOMA IN ROSARIO, ARGENTINA. C. Weskamp. *Revista Medica del Rosario*, April, 1925. The October 3, 1925, issue of the *Journal of the American Medical Association* has a brief abstract of this article which states that 8.7 per cent had trachoma of the 4,500 eye patients treated at the Hospital Espanol at Rosario, in the state of Sante Fe, during the years 1921 to 1923. At Buenos Aires the proportion averaged only 4 per cent, while in 1910 the same observer found 10.3 per cent trachomatous. At Rosario 48 per cent of those affected had been born in Argentina.

HEALTH EDUCATION IN CHINA, Dr. W. W. Peter and Dr. S. M. Woo, *The World's Health*, May, 1925. Published by the Secretariat of the League of Red Cross Societies, Paris, France. Indicates some of the findings of a health survey in 34 schools in Hangchow and Soochow. In these schools, 3,200 pupils were examined, among which were found 934 with defective vision and 760 with trachoma. In their discussion the authors point out that the students in the Primary Schools were physically much inferior to the students in the Middle Schools. A comparative study of three Primary Schools and three Middle Schools confirmed this. The eye findings in this comparison are: Trachoma in the Middle Schools were 5.7 per cent as compared with 18.3 per cent in the Primary Schools. However, vision defects which were 20.9 per cent in the Primary Schools were increased to 35.6 in the Middle Schools.

TEACHERS MAY CONSERVE THE EYESIGHT OF SCHOOL CHILDREN. Prepared by a Sub-committee of the Sectional Committee of the American Standards Committee, *School Life*, June, 1925. Published monthly by the Department of the Interior, Bureau of Education, Washington, D. C. It is essential that high standards of illumination be maintained. Eyestrain causes serious physical difficulties, and teachers should know common symptoms. Watchfulness will often overcome deficiencies in equipment.

THE BABY'S EYES, Edward Jackson, M.D., *Hygiea*, June, 1925. Published by the American Medical Association, Chicago, Illinois. The necessity for watching a child's eyes from birth is emphasized by the author. He describes in popular, lucid style the common hazards to the eyes in childhood, ending with the kindergarten period. It is understood that his article is to be followed up in a later issue of *Hygiea* with one on the care of the eyes of school children.

BEHIND THE CLOSED DOOR, Winifred Hathaway, *The Trained Nurse and Hospital Review*, June, 1925. Published by the Lakeside Publishing Co., New York City. Author points out the many ways in which the trained nurse can serve in the conservation of vision and the prevention of blindness. The public health nurse is especially well situated to co-operate with the various agencies interested in child development, namely, the physician, the schools and teachers, the clinics, and public health agencies.

GEORGE MILBRY GOULD—A GREAT PHYSICIAN, H. Edwin Lewis, M.D., *Journal of the American Medical Editors' Association*, June, 1925, published by the American Medical Editors' Association, New York City. The author pays the late Dr. Gould a fine and sincere tribute. He traces the difficulties which Gould had to face in bringing to medical attention the importance and variety of symptoms in eyestrain, and quotes the following from Gould's own statement: "Without the least doubt—and I weigh well what I say—I am sure no discovery of modern medicine except vaccination and the germ theory of disease is of so great importance as this of eyestrain. I earnestly believe that directly—and indirectly—this functional disease is the cause of more human suffering than all organic diseases combined." The author further describes Gould's infinite patience and kindliness by giving several descriptive anecdotes of great interest.

CONSERVATION OF VISION WITH SPECIAL REFERENCE TO THE EYESIGHT OF SCHOLARS IN VARIOUS INSTITUTIONS. Khan Bahadur Dr. Tasadduq Husain, L.M.S., M.D. *The Antiseptic*, June, 1925. Published in Madras. Author examined 3,000 school children, and found that only 1,063, or 35.4 per cent, had standard vision. Of the 3,000, 599 students showed some amount of hypermetropia. There were 514 cases of trachoma in the group studied. He points out the fact of the prevalence of quackery in India, and quotes Col. Elliot regarding the lines of approach for control in conserving vision: ". . . There are two distinct avenues along which an advance may be made, viz., (1) the systematic dissemination of knowledge through the Government agencies among the people; (2) the improvement of ophthalmic medical education."

OF SPECIAL INTEREST TO INDUSTRIAL READERS

SAFETY LIGHTING IN INDUSTRY, O. C. Holleran, *Nation's Health*, June, 1925. Published by the Modern Hospital Publishing Company, Chicago, Illinois. Points out that unprotected fixtures often cause explosions and inadequate lighting brings about eyestrain and accidents. The article is accompanied by several photographs of efficient lamps for special types of work. He says in part:

"Safe, efficient lighting results in an increase in productive capacity of the plant through the ability of the crew to see what they are doing at all times. Not only this, but the number of accidents in a well-lighted plant is only a fraction of the number in a poorly lighted plant. Many plants which have changed their older lighting equipment to the modern safety type have found that accidents to employees have decreased from 60 to 90 per cent. . . ."

LIGHT AND SIGHT—FIRST AIDS FOR SAFETY AND PRODUCTION. *The Travelers Standard*, August, 1925. Published by the Engineering and Inspection Division of the Travelers Insurance Company, Hartford, Connecticut. Discusses the necessity of adequate lighting in industrial plants, emphasizing the special need for light for those with defective eyesight. Proper lighting an economic as well as a health safeguard.

HEALTH AND PRODUCTION, E. L. Collis, M.D., *Industrial Welfare*, July, 1925, published by the Industrial Welfare Society, Westminster, S. W. I. In discussion of industrial accidents, the author says: "Not only is the total regular from year to year, but the kinds of accidents which go to make it up are monotonously similar; thus, year by year out of every hundred serious accidents, about five will be due to eye injuries. . . . Nevertheless the total tends to decrease as general health improves. . . ."

FOREIGN BODY IN THE EYE AS AN INDUSTRIAL MENACE. W. I. Clark, M.D., and Howard W. Robbins. *The Nation's Health*, August, 1925. Published by the Modern Hospital Publishing Company, Chicago, Illinois. Authors, who are physician and safety engineer, respectively, of the Norton Company, discuss the necessity for goggles as proved by experience in their company. From their survey during the years of 1921 to 1924, inclusive, they found that in 1921, of 948 employees, there were 328 eye injuries, as compared with 502 of 1,757 employees in 1924. The following are the conclusions drawn by the authors: "(1) The compulsory wearing of goggles will reduce eye injuries from foreign bodies more effectively than any other procedure. (2) The hazard to the eyes in machine shops is greater than is usually appreciated. (3) Prompt removal of foreign bodies at the plant hospital will prevent eye infections. (4) Delayed treatment frequently leads to lost time and infection."

NATIONAL HEALTH INSURANCE—OPHTHALMIC BENEFITS, *British Journal of Ophthalmology*, July, 1925. Published by George Pulman & Sons, Ltd., Marylebone, W. I. Brief discussion of ophthalmic benefits as part of the Insurance Act which will come into operation shortly.

OF SPECIAL INTEREST TO MEDICAL READERS

THE DIAGNOSIS OF BLINDNESS. Edward Jackson, M.D., *Journal of the American Medical Association*, September 5, 1925. Published by the A. M. A., Chicago, Illinois. Diagnosis should answer: "Is there blindness present?" "How great is the impairment of sight?" and "What is the cause of it?" Author concludes with the statement that of a survey of 704 eyes blind, or nearly so, from all the common causes of blindness, this fact stands out: Except in amblyopia, congenital or associated with squint, blindness is always associated with objective changes that declare the sight has been greatly impaired, and often furnish the most important evidence of how great that impairment is.

EYESTRAIN, *American Journal of Ophthalmology*, July, 1925. Published by the Ophthalmic Publishing Company, Chicago, Illinois. In this editorial the author indicates the difficulty of physicians to persuade their patients afflicted with eyestrain of the necessity of rest. He says in part: "Asthenopic patients generally fail to understand the factor of their physical limitations; they realize reluctantly, for example, that even a perfect correction of a refractive error neither warrants indiscriminate and indiscreet use of the eyes, nor bestows unlimited muscular and accommodative power. The factor of individual capacity must not be overlooked. In our consultations do we emphasize this sufficiently, or study with enough care the particular requirements of the patient's occupation or profession?"

EYESTRAIN. *British Journal of Ophthalmology*, August, 1925. Published by George Pulman & Sons, Ltd., Marylebone, W. I. An editorial on eyestrain states in part: "We do not wish to appear as denying the effects of eyestrain at the present time; the results are obvious in many cases; the rush and hurry of modern life must have much to do with it, but we are convinced that we may often be in error in concentrating all our attention on the eyes and the error of refraction, without paying due attention to the patient's general health."

THE EYE, FROM INFANCY TO OLD AGE, Raynor D. Batten, M.D., *The Practitioner*, July, 1925. Published by The Practitioner, Ltd., London, England. "The incidence of age is most marked in the distribution of eye diseases, and it would be still more defined if the nominal age corresponded to the true or physical age. . . .

"The general practitioner requires to be in close touch with the ophthalmic observer, and the ophthalmic surgeon with the general practitioner. Or what is still more urgently needed is that the physician should make a study of all eye diseases and qualify as an ophthalmic physician.

"Septic and toxic conditions have a recognized marked action on the eye and are probably responsible for more indirect troubles than we recognize."

OPHTHALMIC SIGNS IN COMMON NERVOUS DISEASES, W. Fletcher Stiell, M.R.C.S., L.R.C.P., *The Practitioner*. Published by the Practitioner, Ltd., London, England. Author, who is ophthalmic surgeon, Ministry Pensions, Lincoln, states: "It is no exaggeration to say that practically every symptom and even many of the ocular signs can be simulated by the hysterical patient. . . . In children I have seen hysterical squint and nystagmoid movements, while recently I was puzzled by a child with typical conjugate deviation of head and eyes towards the left, which proved to be entirely of an hysterical nature. The ophthalmoscope, the perimeter, and clinical experience are the oculist's salvation in the detection of these cases."

SYPHILITIC GUMMA OF THE EYELID. Dr. Edward B. Heskel and Dr. Lawrence G. Beinhauer. *Archives of Ophthalmology*, July, 1925. Published by G. P. Putnam's Sons, New York City. Comprehensive bibliography of 127 references is included in this discussion of gumma of the eyelid.

DISTURBANCES OF VISION DUE TO DIGITALIS. Review of the Literature and Report of Cases. Howard B. Sprague, M.D., Paul D. White, M.D., and John F. Kellogg, A.B., *Journal of the American Medical Association*, September 5, 1925. Published by the A. M. A., Chicago, Illinois. Disturbances of vision resulting from the internal use of digitalis have been known for some time, having been reported especially in French and German medical literature. Authors present seven case histories in which the symptoms are a toxic amblyopia with dimness of vision, with flickering and clashing scotomas and marked disturbances of color vision. They feel that visual disorders from the therapeutic use of digitalis are more common than is generally supposed.

NIGHT VISION PHYSIOLOGICALLY EXPLAINED. *The Nation's Health*, August, 1925. Published by the Modern Hospital Publishing Company, Chicago, Illinois. This is a rather long abstract of an article by Sidney Russ, appearing in the June 25 issue of the Proceedings of the Royal Society of Medicine, in which the author makes the interesting statement that if a comparatively rested eye is given small doses of light in the blue and violet region of the spectrum, the eye becomes sensitized and acuity of vision is greatly improved in perceiving distant and dimly lighted objects when they are illuminated by light of longer wave length than that used to sensitize the eye.

PRIMARY TULAREMIA OF THE EYE. Malcolm C. Pfunder, M.D., *Journal of the American Medical Association*, October 3, 1925. Published by the A. M. A., Chicago, Illinois. Author reports one case, which is of special interest because of its rarity.

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